

Exhibit 2

Part II

<p style="text-align: right;">98</p> <p>1 B. Amendola 2 A. You repeated it as close to verbatim as 3 you could. 4 Q. We'll get back to that. Did you ever 5 refer to yourself as a sales representative? 6 A. Yes. 7 Q. When did you do that? When did you 8 represent yourself as a sales representative? 9 A. After Bristol-Myers labeled me a sales 10 representative. 11 Q. When you applied for a position at 12 Barrier, did you represent yourself as having 13 extensive sales experience? 14 A. Yes. 15 Q. Is it accurate? 16 MR. MAAZEL: Form objection. 17 A. It's a term that is used in 18 pharmaceutical business when there is no such thing 19 as a sale. 20 Q. Did you refer to yourself as a sales 21 representative? 22 A. Yes. 23 Q. Was that accurate? Were you being 24 accurate? 25 MR. MAAZEL: Form objection.</p>	<p style="text-align: right;">100</p> <p>1 B. Amendola 2 interrupt the witness when you don't like the answer. 3 You spent two hours on irrelevancies today, so if you 4 run out of time that's your problem. You cannot 5 interrupt the witness when she's responding to your 6 question. It's totally improper. 7 MR. BROWN: I would like my last 8 question read back, please. 9 (The requested portion was read.) 10 Q. Can you answer that question? 11 A. Yes. 12 Q. In your resume did you write that you 13 were experienced -- an experienced and award winning 14 sales representative? 15 A. Yes. 16 Q. Did you write that you were known for 17 creativity in sales? 18 A. Yes. 19 Q. Did you write that you were known for 20 creativity in marketing? 21 A. Yes. 22 Q. Did you write that you were known for 23 and have strength in relationship/rapport building? 24 A. Yes. 25 Q. In your resume --</p>
<p style="text-align: right;">99</p> <p>1 B. Amendola 2 A. I was accurate because I wanted another 3 pharmaceutical company to know that I could do their 4 marketing job as well. 5 Q. Those other companies called those 6 marketing jobs sales jobs? 7 A. That's right. 8 Q. In fact, the job that you applied for at 9 Bristol-Myers Squibb was a sales job, correct? 10 MR. MAAZEL: Form objection. 11 Q. You wrote that, didn't you? Do you 12 recall writing that you were seeking a pharmaceutical 13 sales representative job? 14 A. If I had put that I was seeking a 15 marketing position, then I wouldn't have been hired 16 even though that's the job -- 17 Q. This is -- 18 MR. MAAZEL: No. 19 MR. BROWN: This is non-responsive and 20 we have limited time today. 21 MR. MAAZEL: Yes, you are not allowed -- 22 MR. BROWN: We have limited time because 23 of your client. If I get a direct answer, we'll move 24 along real quick. 25 MR. MAAZEL: I'm sorry, you can't</p>	<p style="text-align: right;">101</p> <p>1 B. Amendola 2 MR. BROWN: I will mark this as Amendola 3 8. 4 (Whereupon, Beth Amendola's resume was 5 received and marked Amendola Exhibit 8, for 6 identification, as of this date.) 7 Q. I'm going to give you a moment to read 8 that. Just tell me when you're finished. 9 A. Yes. 10 Q. Is this your resume? 11 A. Yes. 12 Q. You created this? 13 A. Bristol-Myers had a company that created 14 it for me when I was displaced by Bristol-Myers 15 Squibb. 16 Q. Does this resume reflect Barrier 17 Therapeutics? 18 A. Yes. 19 Q. That was after you left Bristol-Myers 20 Squibb? 21 A. I put that in. 22 Q. Is this your resume? 23 A. Yes. 24 Q. Is everything truthful and accurate in 25 your resume?</p>

1 B. Amendola 2 A. Yes. 3 Q. Is it true that you were ranked at the 4 top of the primary care sales force at Bristol-Myers 5 each year? 6 A. I was either at the very top or in the 7 top 25 percent or 30 percent. I was not at the 8 bottom. 9 Q. Is it accurate that you were a 10 Pinnacle -- capital P -- winner in 2004? 11 A. I tied for Pinnacle in 2004. 12 Q. You tied to win? 13 A. I tied to win, but I had the same record 14 as the person who was offered the trip, but I won. 15 Q. You were the winner of the Pinnacle 16 award in 2004? 17 A. Right. 18 Q. What was the Pinnacle award? What was 19 it for? What was the award for? 20 A. The Pinnacle award was for the 21 representatives who moved market share the most, 22 either the first, second and third, or at one time it 23 was the top ten percent. It varied. 24 Q. So in 2004 you were recognized for 25 moving market share the most in your territory or in	102 1 B. Amendola 2 well? 3 A. Yes. 4 Q. Same question for '99 and '98? 5 A. Yes. 6 Q. You were also team mentor and coach for 7 new representatives? 8 A. For new representative. 9 Q. For a new representative? 10 A. That's what that was in reference to. 11 Q. It says you were the June Jump Contest 12 winner. What's that? 13 A. Whoever did the most calls for the month 14 of June, and I did, and I won \$2,500. 15 Q. When you were at Bristol-Myers Squibb, 16 were the calls called sales calls? 17 A. Yes. 18 Q. Whether you believe it or not, was it 19 called sales calls? 20 A. Yes. 21 Q. What's a PDE? 22 A. What's that? 23 Q. It's under the June Jump Contest winner. 24 It says "achieved the most PDE's in the Southeast 25 region."	104
103 1 B. Amendola 2 your division? 3 A. In my region. 4 Q. In your region? 5 A. Right. 6 Q. This was an honor? 7 A. Yes. 8 Q. For moving market share? 9 A. Yes. 10 Q. The next thing that you put on your own 11 resume about your experience, your work experience 12 with Bristol-Myers Squibb was that you launched 13 Tequin; is that how it's pronounced? 14 A. Yes. 15 Q. And moved market share from zero to 16 15 percent to be number one in the nation in 2004. 17 A. Yes, I have a plaque that was given to 18 me. 19 Q. That plaque and the recognition that you 20 received was for moving market share? 21 A. Right. 22 Q. In 2000 you were also recognized as a 23 Pinnacle winner? 24 A. Yes. 25 Q. That was for moving market share as	105 1 B. Amendola 2 A. Primary details, I believe. 3 Q. What's that? 4 A. It's -- you have a number of products 5 and some are in the first position, which is the 6 primary detail, and then the others are secondary. I 7 think that's what that means. 8 Q. You wrote strong team player within 9 CV/Met specialists? 10 A. Yes. 11 Q. And CV/Met stands for cardiovascular 12 metabolics division? 13 A. Yes. 14 Q. That was your division? 15 A. Yes. 16 Q. You were primary care within CV/Met? 17 A. Right. 18 Q. What does it mean that you were a strong 19 team player? 20 A. I collaborated with Bill Aguayo, who was 21 the cardiovascular specialist, with Lourdes, she was 22 the specialist, I believe, in Hollywood, and I also 23 worked with the hospital rep. 24 Q. What did you work with them on? 25 A. Concentrating on certain doctors who	105

1 B. Amendola 2 needed more attention. 3 Q. What does that mean, "the doctors who 4 needed more attention"? 5 A. There might have been a specialist who 6 did not have a good relationship with the doctor and 7 I did, so we would meet and they would encourage me 8 to go there and try to move the product in there 9 because they were unable to. 10 Q. When you say "move the product in 11 there," do you mean -- 12 A. Convince the doctor. 13 Q. Persuade the doctor, right? 14 A. Convince the doctor it was the right 15 product for his patients. The hospital rep did not 16 have an abundance of Tequin samples and I had a lot 17 of Tequin samples because I was making it work in my 18 territory, so I would collaborate with him and see 19 the doctors that he thought would benefit from the 20 samples. We would work together. 21 Q. This collaboration, you were brought in 22 because it was felt that you could develop these 23 relationships better than the existing rep? 24 A. Right, or that I had the relationship to 25 begin with.	106 1 B. Amendola 2 I know that, is that you would go then out into the 3 field with that information, and I think you said 4 something to the effect that you would repeat this 5 information or as close to it as you could; is that 6 accurate? 7 A. Yes. 8 Q. I guess my question to you is this: 9 You're talking about how you developed strong 10 relationships with these prescribers, right, and that 11 you were a strong team player within CV/Met 12 specialists, correct? 13 A. Yes. 14 Q. What was it that the sales rep, 15 pharmaceutical rep was not doing that you were doing 16 that made you more successful, if you know? 17 MR. MAAZEL: Are you referring to a 18 particular rep? You can answer if you understand. 19 Q. I'm referring to your work with CV/Met 20 specialty. 21 A. I understand. Some doctors would 22 respond better to a woman than a man. Some would 23 respond better to a man than a woman. 24 I could take a clinical study and 25 pinpoint a section of it that would be especially
1 B. Amendola 2 Q. You had been working with doctors in 3 this part of Florida for many, many years? 4 A. Exactly. 5 Q. And you had developed good relationships 6 with many of them? 7 A. Yes. 8 Q. In fact, you wrote on your resume you 9 developed strong relationships with high volume 10 prescribers, as well as hospitals, clinics and 11 pharmacies; is that true? 12 A. That's true. 13 Q. Could you tell me how you developed 14 those strong relationships? 15 A. Using the materials that Bristol-Myers 16 provided to me in the most efficacious manner 17 possible, allocating my samples to the doctors that 18 would be able to use them and not abuse them, 19 spending my budget where I thought that I would get a 20 return on my investment, and also frequency of calls 21 to these offices. 22 Q. You testified a little earlier that part 23 of the training that you received through POA and 24 other sort of training, I don't want to 25 mischaracterize them, you will tell me if I'm wrong,	107 1 B. Amendola 2 advantageous to the doctor and his practice, whereas 3 someone else might not be able to. 4 I was successful because I didn't waste 5 the doctor's time. I was also successful because I 6 was able to get in to see the doctor and I was 7 extremely consistent. On a certain time, on a 8 certain day I would be there. 9 Q. Was one of the successful things that 10 you did tailoring the message to a specific doctor 11 and his or her needs? 12 A. You can't tailor the message, but you 13 can take the same message and you can apply it to the 14 doctor. You can look at the doctor's waiting room 15 and make it a personal thing for the doctor based on 16 his patient population, but the core message is the 17 core message is the core message. 18 I was a widow. I needed this job. I 19 had to do what Bristol-Myers told me. 20 Q. It says here after -- it says you 21 developed strong relationships with high volume 22 prescribers. Do you see that? 23 A. Yes. 24 Q. Was it important to develop 25 relationships with high volume prescribers?

1 B. Amendola 2 A. Yes. 3 Q. Why? 4 A. Because all the drugs work so why would 5 they prescribe a Bristol-Myers drug as opposed to a 6 Novartis drug that did the same thing. 7 Q. Why was it important for you? 8 A. Because it was important for the 9 company, because if the doctor didn't like me, then 10 the doctor was not going to prescribe the drug. 11 Q. The doctor liked you not only because 12 you're very personable, but also you had lots of 13 information to give the doctor; is that accurate? 14 A. I had good products, good information, 15 and myself.	1 B. Amendola 2 was? I don't want garbage in garbage out. Was there 3 a specific problem with the form of that question? 4 MR. MAAZEL: Can you read back the 5 question. 6 (The requested portion was read.) 7 MR. MAAZEL: My objection is that she 8 testified that there were lots of things that affect 9 market share. 10 MR. BROWN: Okay. That's fair enough I 11 suppose. 12 Q. Do you understand that the work that you 13 did resulted in moving the market share? 14 MR. MAAZEL: Form objection. You can 15 answer.
16 Q. It says next on your resume that you 17 sold Cefzil to pediatricians and you were 18 instrumental in winning three Pinnacles. 19 I assume that's Pinnacle awards? 20 A. Yes. 21 Q. Is that accurate? 22 A. Yes, I sold Cefzil the first year and 23 the second year and won two awards. I think it was 24 in 2004 I got it back and I tied for first place for 25 the Pinnacle award.	16 A. I wasn't the only one doing it, but I 17 contributed to the rise in market share of Vaniqa. 18 Q. To be more particular, you wrote that 19 you successfully sold Vaniqa to dermatologists to 20 increase incentive compensation, correct? Is that 21 correct, that you wrote that? 22 A. Yes. 23 Q. Are you attributing the work that you 24 did at Bristol-Myers Squibb in selling Vaniqa to 25 dermatologists as resulting in an increase in
111 B. Amendola 2 Q. Then it says next "successfully sold 3 Vaniqa to dermatologists to increase incentive 4 compensation." 5 A. Yes. 6 Q. Could you explain that to me, what you 7 meant by that? 8 A. Well, we only had Vaniqa for a short 9 period of time, and we marketed it to dermatologists, 10 and sometimes you would have a product that was 11 weighted very low in your portfolio as far as getting 12 incentive compensation for you, but that little low 13 weighted product could be the difference in being 14 first place or second place, and I knew that, so I 15 pushed Vaniqa. 16 Q. As a result of your pushing Vaniqa you 17 increased your own incentive compensation? 18 A. Yes. 19 Q. As a result of your work you moved the 20 market share? 21 A. Yes. 22 MR. MAAZEL: Form objection. You can 23 answer. 24 A. Yes. 25 MR. BROWN: Can I ask what the problem	111 B. Amendola 2 Bristol-Myers market share? 3 MR. MAAZEL: Form objection, but answer. 4 A. I know that I marketed Vaniqa 5 successfully and my incentive compensation went up. 6 Q. It says here in your resume that you won 7 Wave 1 of the Plavix High Definition Contest? 8 A. Yes. 9 Q. Could you tell me what that is? 10 A. That was also increasing market share of 11 Plavix, but you had to win Waves two and three as 12 well, I think. 13 Q. Did you win Waves two and three as well? 14 A. No, that's why I didn't put them in 15 there. 16 Q. But you won Wave 1? 17 A. Yes. 18 Q. How do you win Wave 1? 19 A. You get recognition. I don't think that 20 there was monetary compensation unless you moved it 21 considerably more. This is a resume. 22 Q. What does that mean? 23 A. It means that everything in here is 24 true, but not everything is in here. 25 Q. I understand that. I'm just asking a

1 B. Amendola 2 specific question about the resume. 3 A. I'm being specific. 4 Q. Let's just talk about Wave 1. 5 A. Okay. 6 Q. How did you win Wave 1? 7 A. Successfully marketing Plavix to 8 cardiologists and primary care physicians. 9 Q. Which resulted in moving market share? 10 A. Right. 11 Q. The next thing you have in your resume 12 is you successfully sold Plavix to cardiologists, 13 vascular specialists, and primary care. Do you see 14 that? 15 A. Yes. 16 Q. Again, did that result in moving market 17 share? 18 MR. MAAZEL: Form objection, but you can 19 answer. 20 A. I would say so. 21 Q. Then you wrote in your resume next that 22 you increased market share significantly by selling 23 Glucophage, Glucophage XR, and Glucovance to 24 endocrinologists and primary care. Do you see that? 25 A. Yes.	114 1 B. Amendola 2 market share or promoting sales with the goal of 3 getting a commitment to prescribe where appropriate 4 is that a fair definition? 5 MR. MAAZEL: Form objection. 6 A. I would say that marketing and promotion 7 is to move market share. I agree with you on that 8 most certainly. And moving market share means that 9 Bristol-Myers' revenue increased, but I had nothing 10 to do with sales. I sold nothing. 11 Q. When we're talking about sales and 12 marketing and promotion, we are meaning -- let's be 13 clear about it -- that we're promoting sales with the 14 goal of getting a commitment from a doctor, from a 15 prescriber, to prescribe more; is that accurate? 16 MR. MAAZEL: Form objection. You can 17 answer. 18 Q. Do we agree on that? 19 A. We're getting the doctor to -- we're 20 convincing the doctor that the product is best for 21 his patient. A commitment from a doctor has no -- it 22 has no substance. Doctors will agree to something 23 all the time, but it doesn't necessarily mean that 24 what they've agreed to they're going to do. 25 Q. Okay. That's fine. Let's be clear	116 1 B. Amendola 2 about this. When we're saying "sell" or "market" or 3 "promote," that we're meaning that you were promoting 4 the sales of a product with the goal of getting a 5 commitment from that doctor to prescribe your product 6 where appropriate; is that fair? 7 MR. MAAZEL: Form objection. Put it in 8 your own words. You don't have to take the words he 9 keeps trying to make you say. 10 A. I was promoting or marketing a product 11 to a doctor in order to convince the doctor that this 12 was the most appropriate product for his patient and 13 he should prescribe it when the right patient came in 14 for that product. 15 Q. I will accept that as perfectly put by 16 you. 17 A. That's it. 18 Q. Just as an addendum to it though, that 19 the ultimate goal though, your ultimate goal as a 20 pharmaceutical rep in primary care was to move market 21 share? 22 A. Yes, most definitely. 23 Q. It says here at the end of this 24 Bristol-Myers section on your resume that you sold 25 Pravachol to cardiologists and primary care meeting
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1 B. Amendola 2 and exceeding targets? 3 A. Yes. 4 Q. Could you explain to me what you mean by 5 "meeting and exceeding targets"? 6 A. There was a goal, to the best of my 7 recollection, because Pravachol I did in the early 8 2000s that I had to increase market share for 9 Pravachol, and I called on cardiologists and primary 10 care physicians to encourage them to write Pravachol 11 for their patients who needed it, and market share 12 went up.	1 B. Amendola 2 A. Products always changed. 3 Q. When did you move to CV/Met? 4 A. Even that I don't know. 5 Q. Approximately? 6 A. CV/Met was a new title that came up. I 7 don't know. 2003. I don't know. First I did 8 antidepressants, antiinfectives, then I don't 9 remember.
13 Q. When you say write Pravachol? 14 A. Prescribe. 15 Q. Thank you. I just want the record to be 16 clear about that. I'm going to show you what we're 17 going to mark as Amendola 9, application for 18 employment. 19 (Whereupon, an application for 20 employment was received and marked Amendola Exhibit 21 9, for identification, as of this date.)	10 Q. Is it fair to say that as of 2003 you 11 were working in CV/Met? 12 A. It's possible. It's possible because 13 Pravachol was metabolic diseases, so was Glucophage. 14 Q. Tequin, was that in CV/Met? 15 A. I don't know if it was. That was an 16 antibiotic so I don't know. 17 Q. Do you know how many different 18 pharmaceutical divisions there are at Bristol-Myers 19 Squibb? 20 A. No.
22 Q. Ms. Amendola, I'm just showing you a 23 document that we've marked as Amendola 9. It's 24 entitled Bristol-Myers Squibb Company Pharmaceutical 25 Group Application For Employment. It is dated	21 Q. Can you name any other divisions other 22 than CV/Met? 23 A. Virology, oncology, probably neurology. 24 Q. I don't want you to guess. If these are 25 what you recall, that's fine.
119 1 B. Amendola 2 January 16, 1998. Have you reviewed this document? 3 A. Yes. 4 Q. Is this your employment application to 5 work at Bristol-Myers Squibb Company? 6 A. Yes. 7 Q. Is this your handwriting on this 8 document? 9 A. Yes.	121 1 B. Amendola 2 A. Yes. 3 Q. Anything else? 4 A. No. 5 Q. How was the CV/Metabolics division 6 divided up in terms of management structure? 7 A. There's a regional vice president, and 8 then there are district business managers, and then 9 there are field representatives, and field 10 representatives could be specialty representatives, 11 hospital representatives. That's it.
10 Q. On the last page, which is BMS 1662, is 11 that your signature? 12 A. Yes. 13 Q. You can put that aside. When you worked 14 at Bristol-Myers Squibb, again, you were in the 15 CV/Met division? 16 A. I didn't start in CV/Met. 17 Q. Where did you start? 18 A. I started in -- I don't know the name of 19 it, but I was promoting antidepressants and 20 antiinfectives. I don't know the name of the 21 division. 22 Q. Do you know how long you worked in that 23 division? 24 A. Two years, three years. I don't know. 25 Q. When did you --	12 Q. Do you know how many regions there were 13 within CV/Met when you worked at Bristol-Myers 14 Squibb? 15 A. No. 16 Q. You applied for work at Bristol-Myers 17 Squibb in Florida, right? 18 A. Yes. 19 Q. The regional vice president, is that 20 called an RBH? 21 A. Yes. 22 Q. That's regional business head? 23 A. Yes. 24 Q. Below the regional business heads are 25 DBMs?

1	B. Amendola	1	B. Amendola
2	A. Yes.	2	Q. Not a senior TBM?
3	Q. And that stands for district business	3	A. No.
4	manager?	4	Q. He had the Hollywood territory as well?
5	A. Yes.	5	A. Yes.
6	Q. Below district business manager are?	6	Q. Anybody else?
7	A. The territory business managers.	7	A. We got a new partner, Lali Bahlawan,
8	Q. You had a territory?	8	L-A-L-I, B-A-H-L-A-W-A-N.
9	A. Yes.	9	Q. Is that a man or a woman?
10	Q. I'm talking about CV/Met which	10	A. It's a woman.
11	encompassed approximately the last three years of	11	Q. Did this woman -- what position did this
12	your employment?	12	woman hold?
13	A. Yes.	13	A. TBM, territory business manager.
14	Q. What territory were you assigned to?	14	Q. When did she come on board?
15	A. The Hollywood territory.	15	A. I think in 2004.
16	Q. Do you know how many territories were	16	Q. Were the three of you marketing, and
17	within your region? Let me strike that. How many	17	promoting, and selling the same product?
18	territories were within your district?	18	A. Yes.
19	A. Either five or six.	19	Q. Did you call on the same doctors?
20	Q. Were all those territories in Florida?	20	A. For the most part.
21	A. Yes.	21	Q. For the most part, yes?
22	Q. Were there other territories that were	22	A. For the most part, yes.
23	in Florida that were not covered by the district?	23	Q. How did that work? How did you divide
24	A. My district, yes.	24	up or agree on who would be visiting whom?
25	Q. Was there a name for your district?	25	A. We didn't agree on anything. We were
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1	B. Amendola	1	B. Amendola
2	A. I think it was called the Fort	2	given a doctor list and the doctor list spelled out
3	Lauderdale district. I think. These things changed	3	which doctors we individually were responsible for.
4	very, very frequently.	4	Some of those doctors overlapped between the three of
5	Q. Well, your work as a pharmaceutical	5	us, others we called on them independently. The
6	representative in CV/Metabolics for the last three	6	number of times we called on each one of those
7	years of your employment at Bristol-Myers, were you	7	doctors in some cases was the same, in some cases was
8	in the Hollywood territory?	8	different. The order of the product detailing for
9	A. Yes.	9	each doctor was different.
10	Q. That whole time?	10	Q. I want to ask you about that. Was there
11	A. Yes.	11	a list that assigned you of what pharmaceutical
12	Q. Were there any other pharmaceutical	12	product you should be advocating for?
13	representatives for CV/Metabolics in your territory?	13	A. For that doctor?
14	A. Yes.	14	Q. Correct.
15	Q. Who was that? I'm talking about your	15	A. Yes.
16	entire time at CV/Met only.	16	Q. Was there a list in degree of
17	A. Initially it was just Alfredo Martir.	17	pharmaceutical products that you should be advocating
18	Q. That's Freddie?	18	more strongly for for a particular doctor?
19	A. Freddie.	19	A. Yes.
20	Q. He had the same position as you?	20	Q. Was there a formal name for this?
21	A. Yes.	21	A. The call list.
22	Q. He was a TBM?	22	Q. Let's take doctor X, and doctor X when
23	A. Yes.	23	you were making a call to doctor X, was there an
24	Q. Not an ATBM?	24	order of primacy for the pharmaceutical products that
25	A. No.	25	you were to market to him?

1 B. Amendola 2 A. Yes. 3 Q. Did that vary with each doctor? 4 A. It could. 5 Q. But for you as a pharmaceutical rep in 6 CV/Metabolic primary care, what was your number one 7 product? 8 A. That changed too with every quarter. My 9 last two years or three at Bristol-Myers I marketed 10 Plavix, Avapro, and Avalide. Some doctors I had to 11 promote Plavix in the first position with either 12 Avapro or Avalide in the second position. I was told 13 that Avalide was more important for my incentive 14 compensation than Avapro so I concentrated on Plavix 15 and Avapro.	16 With Plavix some of the reps were 17 marketing Plavix for cardiovascular syndrome, I think 18 that's what it was called, and I was marketing Plavix 19 for peripheral arterial disease. So I marketed it 20 differently. I focused differently. Its position 21 was different and some doctors were primary care and 22 didn't write much Plavix, so I would focus on Avalide 23 with them. Everything was spelled out on this paper. 24 Q. The other pharmaceutical reps in your 25 territory, that was called a pod POD?	126	1 B. Amendola 2 have had better work records with Bristol-Myers and 3 therefore, it was a promotion. It was considered a 4 promotion to be a specialty rep. 5 Q. Do you know whether specialty reps were 6 paid more in general than primary care reps? 7 A. In the industry specialty reps earn a 8 higher base salary than primary care represents. 9 Q. Was that true at Bristol-Myers? 10 A. As far as I know, but we didn't discuss 11 salaries. 12 Q. I'm just asking what your understanding 13 was. 14 A. I mean sergeants earn more than enlisted 15 men. 16 Q. You would characterize the specialty 17 reps as having a higher rank than primary care reps? 18 A. Yes. 19 Q. Are there associate territory business 20 managers who are in the specialty rep position in 21 CV/Metabolics? 22 A. There might be. 23 Q. Do you know? 24 A. I don't know. 25 Q. Do you know whether specialty	128					
1 B. Amendola 2 A. Yes. 3 Q. Did they have a different order of 4 pharmaceutical products that they were incentivised 5 to market more heavily?	6 A. Yes. Sometimes things would overlap, 7 but their concentration was different than mine.	8 Q. Within the CV/Metabolics division, was 9 there a distinction between primary care and 10 specialty sales?	11 A. Yes. 12 Q. What was the difference?	13 A. Specialty sales called on specialists 14 and only very high volume primary care physicians. 15 Primary care, on the other hand, called mainly on 16 primary care physicians and certain high volume 17 specialists in order to put more emphasis -- to give 18 them more attention. 19 Q. Did the primary -- strike that. Did the 20 specialty representatives, were they more experienced 21 than the primary care representatives on a whole?	22 A. Some were with the company longer, some 23 were not with the company longer, some were 24 specialists because there was no one within the 25 company who wanted the position, and yes, some might				
127	1 B. Amendola 2 representatives within CV/Metabolics receive 3 different or more specialized training than primary 4 care representatives?	5 A. They receive the same training, but they 6 receive additional clinical studies so that they can 7 explore the benefits, the features and benefits.	8 They can go into greater detail, but all the 9 materials that even the specialty reps use have to be 10 approved by Bristol-Myers Squibb.	11 Q. That's because not the approval, but the 12 additional knowledge that the specialty reps have, is 13 that because they're calling on specialists?	14 A. Exactly. 15 Q. Presumably they're calling on people 16 with a deeper knowledge?	17 A. With a deeper -- with more training and 18 more ego.	19 Q. Do you know what pharmaceutical products 20 virology sells?	21 A. No. 22 Q. What about oncology? 23 A. This time, no. 24 Q. Any other division?	MR. MAAZEL: You mean now or when she

1 B. Amendola 2 was at the company? 3 MR. BROWN: Fair enough. 4 Q. While you were at the company. 5 A. I heard of Taxol. 6 Q. What division sold that? 7 A. I believe it was oncology. 8 Q. Any other pharmaceutical products 9 outside of CV/Met that you're aware of that 10 Bristol-Myers sold while you were employed there? 11 A. No. 12 Q. Do you recall when your last day of work 13 at Bristol-Myers Squibb was? 14 A. February 28, 2006. 15 Q. Were you told the reason for your 16 separation from Bristol-Myers Squibb? 17 A. I was told that there was a company wide 18 layoff. 19 Q. It had nothing to do with your 20 individual performance, correct? 21 A. No. 22 Q. You weren't disciplined? 23 A. No, never. 24 Q. In fact, you were one of the top 25 salespeople?	130 1 B. Amendola 2 minute break. Thank you. 3 VIDEOGRAPHER: The time is approximately 4 11:24. This ends tape number two. We're now going 5 off the record. 6 (Whereupon, a recess was taken.) 7 VIDEOGRAPHER: The time is approximately 8 11:36. This begins tape number three. We are now on 9 the record. 10 Q. Ms. Amendola, I understand from your 11 counsel there's some answer you wish to supplement? 12 A. Yes. After I was displaced by 13 Bristol-Myers Squibb, I believe it was a week later 14 they offered me a new position in Hialeah, Florida, 15 which I subsequently declined and then applied for a 16 position with them. 17 Q. Thank you. 18 A. You're welcome. 19 Q. What was the position that they offered 20 you? 21 A. Territory business manager in Hialeah. 22 Q. Can you tell me, were you live in Coral 23 Springs at this time? 24 A. I was living in Coconut Creek. 25 Q. What is the difference -- as a New	132
1 B. Amendola 2 MR. MAAZEL: Objection. 3 MR. BROWN: Let me withdraw that. 4 Q. You were one of the top sales reps in 5 your territory, correct? 6 MR. MAAZEL: Form objection. 7 A. I would like to think so. 8 Q. You applied for re-employment with 9 Bristol-Myers Squibb, correct? 10 A. Yes. 11 Q. In what area? 12 A. As a neuroscience specialty 13 representative. 14 Q. In what area of the country? 15 A. Fort Lauderdale. 16 Q. It would have been around the same 17 territory that you had as a primary care rep? 18 A. I think so, I think so. 19 Q. Were you hired by Bristol-Myers Squibb? 20 A. No. 21 Q. Have you applied again? 22 A. No. 23 Q. Just that one time? 24 A. Yes. 25 MR. BROWN: We're going to take a few	131 1 B. Amendola 2 Jersian, can you explain to me what, in relative 3 geography, the difference between the two locations? 4 A. Well, Hialeah is in I believe it's West 5 Miami and Coconut Creek is in North Broward. So it's 6 a commuting distance of approximately 65 miles each 7 way. 8 Q. Why did you turn down the position? 9 A. It's also -- it's not a bilingual 10 community. It's predominantly Cuban Spanish, and 11 while there are people there who speak English, the 12 general language of Hialeah is Spanish, and I felt 13 that I could not adequately detail the doctors in 14 Hialeah in English. 15 Q. Do you know Spanish? 16 A. I studied Spanish. I can somewhat speak 17 Spanish, but I can't do a clinical study in Spanish. 18 Q. Was this in CM/Metabolics? 19 A. Yes. 20 Q. Was it in primary care? 21 A. Yes. 22 Q. Was it for the same base salary and 23 bonus structure as you were receiving before your 24 layoff? 25 A. It would have been as if I had never	133

<p style="text-align: right;">138</p> <p>1 B. Amendola 2 Q. That was true for your entire employment 3 at Bristol-Myers? 4 A. Yes. 5 Q. You didn't have a physical brick and 6 mortar office outside your home? 7 A. No. 8 Q. Did your DBM have a physical brick and 9 mortar office outside her home? 10 A. No. 11 Q. You were provided with a car by 12 Bristol-Myers Squibb? 13 A. Yes. 14 Q. Bristol-Myers paid your car insurance? 15 A. Yes. 16 Q. You were reimbursed for your gas and 17 wear and tear? 18 A. We were given an American Express card 19 that took care of it. 20 Q. Took care of gas? 21 A. Gas and wear and tear. 22 Q. Where did you keep your car? 23 A. In my garage. 24 Q. When you left from your home in the 25 morning to go on your calls, you returned to your</p>	<p style="text-align: right;">140</p> <p>1 B. Amendola 2 A. They came to my home. At one point they 3 went to a storage unit that I had. 4 Q. But for the last three or four -- let me 5 just ask this -- 6 A. I think it was my home in the last three 7 years. I think so. 8 Q. Where did you store those samples? 9 A. I stored them in my office. I had a 10 closet in there. 11 Q. Your office in your home? 12 A. Yes. 13 Q. Did you bring these samples with you 14 when you were making calls? 15 A. Yes. 16 Q. On occasion you also provided your 17 doctors with promotional material, correct? 18 A. Yes. 19 Q. I want to call it the right thing. What 20 did you call it? 21 A. They were promotional materials. 22 Q. Marketing materials? 23 A. Sometimes we called it junk, but we had 24 promotional materials. 25 Q. Why did you call it junk?</p>
<p style="text-align: right;">139</p> <p>1 B. Amendola 2 home in the evening after your calls; is that 3 accurate? 4 A. Yes. 5 Q. Was there a regional office? 6 A. No. Well, yes. 7 Q. Where was that? 8 A. In Tampa. 9 Q. As part of your calling on and promoting 10 pharmaceutical products in the primary care group, 11 did you distribute samples to your physicians? 12 A. Yes. 13 Q. How did you receive those samples? 14 A. The samples came by either Fed Ex, or a 15 transporting company, or UPS. 16 Q. To your home? 17 A. Yes. 18 Q. Did you ever have to go somewhere to 19 pick them up? 20 A. I believe I used to sometimes have them 21 shipped right to the UPS office and then I would pick 22 them up there this way I could be out in the field 23 and not home when the samples would arrive. I think 24 I did that initially. 25 Q. But the last three years?</p>	<p style="text-align: right;">141</p> <p>1 B. Amendola 2 A. Because it was piles and piles of things 3 to give out, that we were required to give out for no 4 educational benefit. 5 Q. The promotional materials, did those 6 include handouts? 7 A. Yes. 8 Q. Charts? 9 A. Only if they were prescription approved. 10 Q. Did they include charts? 11 A. They could have occasionally. 12 Q. Did they include articles? 13 A. They could have. 14 Q. Visual aids? 15 A. Yes. 16 Q. Nicknacks? 17 A. Yes. 18 Q. And all of those products, materials 19 were sent to your home; is that accurate? 20 A. Yes. 21 Q. How did you determine what doctor you 22 were going to call on first thing in the morning? 23 A. Check the doctor's schedule, see when 24 the doctor was willing to see reps. Sometimes based 25 on the call plan, how many times I had to see that</p>

<p style="text-align: right;">142</p> <p>1 B. Amendola 2 doctor. So it would be advantageous if I didn't know 3 the doctor's schedule to go there first thing in the 4 morning in case I couldn't go in, get back there 5 later on in the day in order to fulfill the 6 requirement.</p> <p>7 Q. How many doctors were on your call list 8 generally?</p> <p>9 A. Over 100.</p> <p>10 Q. Did you know most of them personally?</p> <p>11 A. I knew most of them professionally.</p> <p>12 Q. Did you over the years develop a 13 professional and personal relationship with the 14 doctors on your call list?</p> <p>15 A. With some of them.</p> <p>16 Q. I suppose over the years you learned 17 what a particular doctor's office hours were?</p> <p>18 A. Yes.</p> <p>19 Q. And what that doctor's availability was?</p> <p>20 A. Yes.</p> <p>21 Q. And whether that doctor would see you as 22 the rep?</p> <p>23 A. Yes.</p> <p>24 Q. Is it also true that the doctors on your 25 call list had individualized needs and concerns and I</p>	<p style="text-align: right;">144</p> <p>1 B. Amendola 2 of material?</p> <p>3 A. Well, some doctors genuinely appreciated 4 and took the time to read clinical studies. Other 5 doctors said I have no time for that, just tell me 6 what it says.</p> <p>7 Q. And would you do that?</p> <p>8 A. Yes.</p> <p>9 Q. That's because that was, I guess, 10 fulfilling the need of the doctor? I don't want to 11 put words in your mouth. Why don't you tell me why 12 you would do that.</p> <p>13 A. It was a way to move market share, yet 14 at the same time not alienate the doctor by doing 15 something the doctor didn't want and yet imparting 16 the knowledge and what the doctor needed to 17 appropriately treat his patients and have a dialogue 18 with the doctor.</p> <p>19 Q. Were you good at doing that, at reading 20 the doctor and his or her needs for information or 21 the type of materials that would move market share?</p> <p>22 A. My record says that I was, but I worked 23 with other people who also were able to compensate 24 for my shortcomings. It was a collaborative effort.</p> <p>25 Q. I guess, just to understand what you</p>
<p style="text-align: right;">143</p> <p>1 B. Amendola 2 guess differences between them, their practice 3 groups?</p> <p>4 MR. MAAZEL: Form objection. You can 5 answer.</p> <p>6 MR. BROWN: I will rephrase that.</p> <p>7 Q. Is it true that your doctors that you 8 called on had different experience?</p> <p>9 A. Yes.</p> <p>10 Q. Different prescription histories?</p> <p>11 A. Yes.</p> <p>12 Q. Different concerns about pharmaceutical 13 products?</p> <p>14 A. Yes.</p> <p>15 Q. Different clientele, or I don't know 16 what word you would use, different patient 17 population?</p> <p>18 A. Yes.</p> <p>19 Q. Some doctors that you called on, did 20 they have a preference as to what kind of material 21 you would give them?</p> <p>22 A. Yes.</p> <p>23 Q. Could you give me an example that you 24 recall specifically of a doctor or group of doctors 25 who preferred some kind of material over other kinds</p>	<p style="text-align: right;">145</p> <p>1 B. Amendola 2 were saying, sometimes the information that you would 3 present to a doctor, pre-approved, would be 4 communicated verbally and in writing or verbally or 5 in writing?</p> <p>6 A. It was stressed by Bristol-Myers Squibb 7 to use the written word.</p> <p>8 Q. But I'm asking you specifically what you 9 did.</p> <p>10 A. I used the promotional materials.</p> <p>11 Q. I understand that. I guess my question 12 is more direct. I think you had just described for 13 me that some doctors had a preference for looking at 14 certain literature, others doctors said I don't have 15 time for this, why don't you tell me; is that 16 accurate?</p> <p>17 A. Yes.</p> <p>18 Q. My question really to you is: In some 19 instances you communicated this information by 20 distributing the pre-approved literature?</p> <p>21 A. Right.</p> <p>22 Q. And at other times you would communicate 23 this same information verbally; is that fair?</p> <p>24 A. Somewhat. It was the one who didn't -- 25 you wouldn't leave it with them to continue reading</p>

<p>1 B. Amendola</p> <p>2 much of the message to the doctor as we could in the</p> <p>3 time that the doctor was going to allot us.</p> <p>4 Q. Were there doctors on your call list</p> <p>5 that you called on, did they have differences in the</p> <p>6 amount of time that they would give you generally?</p> <p>7 A. Yes.</p> <p>8 Q. What was the range?</p> <p>9 A. Some would give you 30 seconds. Some</p> <p>10 would give you one second and say they're just</p> <p>11 signing and that's it. Some would give you</p> <p>12 15 minutes, ten minutes. It varied.</p> <p>13 Q. Was one of the things that you did in</p> <p>14 making a call for certain doctors to make sure that</p> <p>15 that doctor had a sufficient supply of samples?</p> <p>16 A. Yes.</p> <p>17 Q. How would you determine whether that</p> <p>18 doctor had a sufficient supply of samples?</p> <p>19 A. Well, you would analyze the doctor,</p> <p>20 first of all, to see was it a high volume prescriber,</p> <p>21 a low volume -- Bristol-Myers would give us this</p> <p>22 information -- low volume.</p> <p>23 You would call on the doctor and you</p> <p>24 could tell if an office was busy or not. You could</p> <p>25 sort of note the patient population. We were taught</p>	<p>1 B. Amendola</p> <p>2 different classes of drugs. Or a doctor who would</p> <p>3 give them to his wife. You had to be careful.</p> <p>4 Q. So you wanted to optimize where you</p> <p>5 placed your samples?</p> <p>6 A. Exactly.</p> <p>7 Q. To I guess drive --</p> <p>8 A. Uh-huh.</p> <p>9 Q. Well, let me finish. To drive the --</p> <p>10 A. To drive the business.</p> <p>11 Q. Thank you. One of the techniques, as I</p> <p>12 understand it, that you and the other TBM's were</p> <p>13 trained on was to ask probing questions of doctors;</p> <p>14 is that accurate?</p> <p>15 A. Yes.</p> <p>16 Q. What was your understanding of probing,</p> <p>17 what it meant to probe a doctor on a call?</p> <p>18 A. The probe was to find out what the</p> <p>19 doctor's needs were for his patients. The point of</p> <p>20 the probe was also so that we would not go in there</p> <p>21 and just read the promotional materials. We wanted</p> <p>22 to engage the doctor's attention. We wanted to ask</p> <p>23 the doctor something so that if the doctor said I can</p> <p>24 only sign, you would ask the probing question, get</p> <p>25 his attention and have additional time with the</p>
<p>1 B. Amendola</p> <p>2 skills to identify these things. You would go into</p> <p>3 the sample closet to see if there were any samples.</p> <p>4 You would also look to see if there were a lot of the</p> <p>5 competitor's samples there and would it be worthwhile</p> <p>6 to buck the competition by putting the samples.</p> <p>7 There are lots of variables.</p> <p>8 Q. Those variables, you participated in</p> <p>9 analyzing those for your particular doctors?</p> <p>10 A. Yes. We were also told you could give</p> <p>11 so many samples to this doctor. Not a lot of this</p> <p>12 was left to chance.</p> <p>13 MR. MAAZEL: Can I just for a moment of</p> <p>14 clarity, when you keep saying we were told, we were</p> <p>15 trained, by whom?</p> <p>16 THE WITNESS: Managers at sales training</p> <p>17 sessions, at POA meetings.</p> <p>18 A. I did it for so many years you would</p> <p>19 know that the important thing was allocate the right</p> <p>20 amount of samples to the right people. Don't throw</p> <p>21 them away.</p> <p>22 Q. How would you throw it away?</p> <p>23 A. You would throw them away by giving them</p> <p>24 to a doctor who a, didn't give out samples, or a</p> <p>25 doctor who didn't use that product. There are all</p>	<p>1 B. Amendola</p> <p>2 doctor.</p> <p>3 Q. Could you give me an example, if you</p> <p>4 recall one?</p> <p>5 A. I really don't recall. It's been a</p> <p>6 while since I did probing. It really has been.</p> <p>7 Q. Were you effective at probing? Do you</p> <p>8 believe you were effective at probing?</p> <p>9 A. There's no way to gauge if I was</p> <p>10 effective. My territory was effective.</p> <p>11 Q. You were one of two or three TBM's?</p> <p>12 A. Also specialists and hospital reps</p> <p>13 there.</p> <p>14 Q. You say that Bristol-Myers provided you</p> <p>15 with analytical data of the doctors within your</p> <p>16 territory, correct?</p> <p>17 A. Right.</p> <p>18 Q. Did you evaluate, analyze, review that</p> <p>19 material?</p> <p>20 A. Yes, I did.</p> <p>21 Q. Based on that material, did you then</p> <p>22 focus your energies, your efforts, your budget, your</p> <p>23 samples on particular doctors?</p> <p>24 A. As long as I was meeting the call plan</p> <p>25 and that's why I did more than 8.5 calls a day.</p>

<p>154</p> <p>1 B. Amendola</p> <p>2 MR. BROWN: Can you read back the last</p> <p>3 question and answer.</p> <p>4 (The requested portion was read.)</p> <p>5 Q. Do you believe that you were good at</p> <p>6 establishing a rapport with the doctors on your call</p> <p>7 list?</p> <p>8 A. Yes.</p> <p>9 Q. Can you tell me whether that was</p> <p>10 something that was important to you?</p> <p>11 A. Yes.</p> <p>12 Q. Why?</p> <p>13 A. Because I was there. I was there. I</p> <p>14 traveled through the territory. I went from office</p> <p>15 to office. On a personal level it was nice to be</p> <p>16 welcomed into the various offices that I went to.</p> <p>17 Q. Do you believe by establishing this good</p> <p>18 rapport with your doctors it would be driving your</p> <p>19 business?</p> <p>20 MR. MAAZEL: Form objection.</p> <p>21 A. By establishing the rapport with the</p> <p>22 offices it enabled me to get in to see the doctors</p> <p>23 and for the doctors to not dread my being there.</p> <p>24 Q. Were you given, at any time while you</p> <p>25 were a pharmaceutical rep at Bristol-Myers Squibb, a</p>	<p>156</p> <p>1 B. Amendola</p> <p>2 Q. These were marketing techniques; is that</p> <p>3 fair to say?</p> <p>4 A. Yes.</p> <p>5 Q. As an experienced sales rep, had you</p> <p>6 developed your own marketing techniques that you felt</p> <p>7 were effective?</p> <p>8 A. I had to follow what I was given and I</p> <p>9 was given so many to choose from that I had them at</p> <p>10 my disposal. I didn't have to make up my own.</p> <p>11 Q. The doctors and other customers that you</p> <p>12 called on, they didn't purchase any pharmaceutical</p> <p>13 products directly from you, correct?</p> <p>14 A. It's against the law to sell samples.</p> <p>15 Q. That's a no?</p> <p>16 A. Of course it's a no.</p> <p>17 Q. The only way that a patient of one of</p> <p>18 the doctors that were on your call list could obtain</p> <p>19 pharmaceutical product from Bristol-Myers Squibb was</p> <p>20 through a prescription?</p> <p>21 A. Either a sample or going to the pharmacy</p> <p>22 and buying one.</p> <p>23 Q. With a prescription?</p> <p>24 A. Right.</p> <p>25 Q. Why did you call on doctors?</p>
<p>155</p> <p>1 B. Amendola</p> <p>2 script to read to any of your customers on any of</p> <p>3 your calls? When I say script, I want to be very</p> <p>4 particular, a verbatim, you must read this word for</p> <p>5 word.</p> <p>6 A. I wasn't given it to take on the sales</p> <p>7 calls with me, but at the POA meetings we were given</p> <p>8 scripts to practice what to say.</p> <p>9 Q. The practice that you performed, was</p> <p>10 that in order to, I guess, practice what to say if a</p> <p>11 doctor had a particular concern or question?</p> <p>12 A. We were advised how to respond to</p> <p>13 objections. We certainly did role playing with</p> <p>14 various objections and how to handle them.</p> <p>15 Q. Could you tell me what you mean by</p> <p>16 respond to objections?</p> <p>17 A. Well, you could go into a doctor's</p> <p>18 office and the doctor could say oh, I hate that</p> <p>19 product. I will never use that. I don't use ARB's.</p> <p>20 I only use diuretics.</p> <p>21 We would practice how to turn an</p> <p>22 objection into -- how to turn a negative into a</p> <p>23 positive. Doctor, I could understand that very much,</p> <p>24 but and continue that way. We had anti-objections</p> <p>25 for everything.</p>	<p>157</p> <p>1 B. Amendola</p> <p>2 A. It was my job.</p> <p>3 Q. What was the goal?</p> <p>4 A. The goal was to influence the doctor's</p> <p>5 prescribing habits.</p> <p>6 Q. When a doctor increases his or her</p> <p>7 prescribing habits, it necessary follows, I suppose,</p> <p>8 that they're increasing the sales of that product in</p> <p>9 your territory; is that right?</p> <p>10 A. Only if the patient goes to the pharmacy</p> <p>11 and fills the prescription.</p> <p>12 Q. It is my understanding that one of the</p> <p>13 goals of a sales rep was to obtain something called a</p> <p>14 commitment from a doctor; is that accurate?</p> <p>15 MR. MAAZEL: Form objection. You can</p> <p>16 answer.</p> <p>17 MR. BROWN: Let me withdraw the</p> <p>18 question.</p> <p>19 Q. When I say the word "commitment," in</p> <p>20 terms of being a sales rep at Bristol-Myers Squibb,</p> <p>21 do you have any understanding of what that term</p> <p>22 means? Is it a term of art?</p> <p>23 A. A term of art?</p> <p>24 Q. Could you explain to me, if you know,</p> <p>25 what the term "commitment" meant in terms of a sales</p>

<p>158</p> <p>1 B. Amendola 2 rep at Bristol-Myers Squibb? 3 A. I could tell you how Bristol-Myers 4 explained it. 5 Q. Okay. 6 A. It's not like a marriage commitment that 7 can be -- you're the lawyer. It's not like that. 8 Bristol said that if you close the call by getting 9 the doctor to say I will prescribe it, then the 10 doctor at least has made some kind of commitment to 11 you. Whether the doctor fulfills the commitment or 12 not, no one knows. 13 Q. In your experience -- strike that. Did 14 you, when making calls to doctors, seek to obtain a 15 commitment as Bristol-Myers Squibb described it? 16 MR. MAAZEL: Form objection. You can 17 answer. 18 A. It was one of my job responsibilities to 19 get the commitment from the doctor, to get the verbal 20 commitment from the doctor. 21 Q. Did you do that? 22 A. Yes, I was told to do it. 23 Q. My question to you is: Did you notice 24 in analyzing the data of the doctors in your 25 territory that you called on, that those doctors that</p>	<p>160</p> <p>1 B. Amendola 2 their increase in prescriptions of your product? 3 MR. MAAZEL: Asked and answered. 4 Q. Is that accurate? 5 A. I don't know if it was his commitment to 6 me or if it was his commitment to, say, the specialty 7 rep. I don't know. 8 Q. I guess I'm not understanding that 9 answer because you don't know whether the increase in 10 prescriptions for BMS product was attributed to you 11 or another rep; is that what you're saying? 12 A. I don't know why there was an increase. 13 Q. But there was an increase? 14 A. In some cases. 15 Q. There was an increase in some cases for 16 doctors who provided you with a commitment? 17 A. There also might have been increases or 18 decreases in doctors who provided commitments. There 19 was no -- it's an intangible thing. There's no way 20 to know. You can only hope that that's why market 21 share went up. After all, the marketers analyze the 22 best ways to market the product. 23 Q. Did you feel it was an effective way for 24 you to market the product and promote the product to 25 your doctors by obtaining a commitment?</p>
<p>159</p> <p>1 B. Amendola 2 gave you a commitment, in fact, prescribed more of 3 your product? 4 A. Not necessarily. 5 Q. You never made that correlation? 6 A. Can I give you an example? 7 Q. Well, why don't you answer my question 8 and then I will ask -- 9 A. This will answer your question. 10 Q. All right. 11 A. I got a commitment and the doctor not 12 only gave me a commitment, but said he wrote it all 13 the time. When I got the data he wrote one script. 14 Q. Did you -- 15 MR. MAAZEL: Let her finish the answer, 16 please. 17 A. There was not necessarily a correlation, 18 but I was doing my job. It was my job responsibility 19 to ask for the commitment before I left. 20 Q. You're saying that you did ask for a 21 commitment and you did receive commitments? 22 A. Yes. 23 MR. MAAZEL: Form objection. 24 Q. But that you didn't see a correlation in 25 the data between the doctors who committed to you and</p>	<p>161</p> <p>1 B. Amendola 2 A. It made me feel that it was one other 3 way to possibly move the business. 4 Q. What were the other ways? 5 A. The other ways, allocation of samples, 6 bringing in a quality lunch, being cordial to the 7 entire office, marketing the entire office, not just 8 the physician. There were any number of ways you -- 9 Q. Knowing your product? 10 A. Of course knowing your product. 11 Q. Knowing -- 12 A. Knowing the competitors, knowing the 13 right product for the right patient. We were given 14 tools all the time. 15 Q. Are you familiar with the term "closing 16 a doctor"? 17 A. Yes. 18 Q. Could you tell me what you understand 19 that term to mean? 20 MR. MAAZEL: Form objection. You can 21 answer. 22 A. Closing the doctor is asking the doctor 23 for the commitment. 24 Q. Closing was one of the things that 25 Bristol-Myers trained you on; is that correct?</p>

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1	B. Amendola	1	B. Amendola
2	A. Yes.	2	A. Yes.
3	Q. In early 2005, did you conduct a	3	Q. What was that expectation?
4	training workshop on closing skills?	4	A. We were told that we had to be in the
5	A. Probably for a few reps.	5	field from eight to five.
6	Q. Can you tell me what you recall about	6	Q. Do you remember who told you that or how
7	that training?	7	it was conveyed to you?
8	A. Just asking for the business.	8	A. It was conveyed, I believe, by my
9	Q. Who attended that training?	9	district business manager.
10	A. I don't remember.	10	Q. Who was your district business manager?
11	Q. I think you said it was a couple of	11	A. Nelson Almerico.
12	reps; is that accurate?	12	Q. Was this Monday through Friday?
13	A. It was probably at a pod meeting. I	13	A. Yes.
14	don't remember.	14	Q. Generally what were the office hours of
15	MR. MAAZEL: Is this a meeting you	15	the doctors on your call plan?
16	remember or no?	16	A. Some were eight o'clock until five
17	THE WITNESS: Not really.	17	o'clock. Some were eight until six o'clock.
18	Q. Do you recall giving a workshop on	18	Q. Any earlier than eight?
19	closing skills?	19	A. Perhaps. I don't remember.
20	A. I don't recall giving a workshop, but I	20	Q. By the way, do you know whether
21	might have done closing skills with a bunch of reps.	21	pharmaceutical reps in other divisions also had call
22	Q. Can you me what you mean by that?	22	plans?
23	A. Teaching them how to close a sale.	23	A. It's my understanding that everyone had
24	Q. Could you tell me how you taught them or	24	a call plan, everyone who was out in the field had a
25	what you taught them how to close a sale?	25	call plan.
	163		165
1	B. Amendola	1	B. Amendola
2	MR. MAAZEL: Form objection.	2	Q. How do you know that?
3	A. I could tell you what I did.	3	A. Going to the meetings, talking to other
4	Q. I would appreciate that.	4	people. It was just understood. My friend was a
5	A. Telling them that -- initially when you	5	hospital rep. He would go in at 6:30, seven o'clock
6	want to close the doctor, you don't ask for all the	6	in the morning in order to participate in grand
7	doctor's business, you ask for a piece of the	7	rounds with the doctors.
8	doctor's business, and you ask the doctor -- after	8	Q. Was that in CV/Met?
9	you've given him reason to do it, you ask the doctor	9	A. I think so, yes.
10	would you be willing to try such and such on the next	10	Q. I would like to ask you outside of
11	five patients who come in with the appropriate	11	CV/Met, do you know whether reps in other divisions
12	illness. Many reps don't do that.	12	also had a call plan?
13	Q. What else? Any other skills?	13	A. I would say yes.
14	A. I don't remember.	14	Q. How do you know that?
15	Q. Any other skills that you recall	15	A. Just hearing it, knowing that company
16	training reps on?	16	policy is company policy.
17	A. No.	17	Q. Do you have any personal knowledge that
18	Q. Do you know what the ENGAGE model is?	18	reps in other divisions also had call plans?
19	A. I vaguely remember the ENGAGE model.	19	A. I know neurology reps and they had call
20	Q. What do you recall about it?	20	plans, and they had to be in the field from eight to
21	A. Not that much. How to move a sales call	21	five.
22	along.	22	Q. Any other divisions, any other reps in
23	Q. Was there an expectation while you were	23	other division?
24	a rep in CV/Met as to the hours that you would be	24	A. I knew an oncology rep. That's it. We
25	making calls on your customers?	25	usually didn't identify ourselves as CV/Met, hi, I'm

<p style="text-align: right;">166</p> <p>1 B. Amendola 2 from virology, but we'd talk at meetings, and people 3 that you knew were not in your region could have been 4 in any division and they talked about call plans as 5 much as we did. 6 Q. Do you know how call plans were 7 developed in other divisions? 8 A. No. 9 Q. How were the call plans in your 10 division, for you specifically, how were those 11 created? Do you know? 12 A. They were created based on the potential 13 of the doctor, the history of the doctor, the 14 specialty of the doctor, what competitive choices the 15 doctor used, and I imagine marketing developed the 16 call plans in order to either -- well, in every case 17 to increase market share, and in some cases to keep 18 market share as high as it was, and certainly not to 19 downgrade it. 20 Q. Sure. In terms of your call plan, were 21 there doctors that you identified in your territory 22 who were not on the call plan that you wanted to call 23 on? 24 A. They may not have been on my call plan. 25 They may have been on one of my partner's call plan,</p>	<p style="text-align: right;">168</p> <p>1 B. Amendola 2 A. No, on Fridays, on many Fridays we had 3 teleconferences or web casts that would start at 4 seven or 7:30, so I would leave my home a little 5 later. 6 I also did some breakfasts where I had 7 to get the food and then bring it to the office and 8 set up, so I was there earlier. There were times 9 when I did dinner programs and I didn't get home 10 until late at night. 11 Q. Were there times that you finished for 12 the day before 5:00 p.m.? 13 A. I had to be in the field between eight 14 and five. 15 Q. But my question to you is -- 16 A. Finished? I was not finished until I 17 was done at five o'clock. 18 Q. Let me ask my question. Were there days 19 that you finished making calls on doctors before five 20 p.m.? 21 A. There were days when I finished doing my 22 required 8.5 calls before five p.m., but there was 23 always something to do that was job related until 24 five o'clock. 25 Q. You always did that?</p>
<p style="text-align: right;">167</p> <p>1 B. Amendola 2 but we were told that if you could call on 8.5 3 doctors a day, then you could pick your customers. 4 As long as you fulfilled your requirement, then you 5 could add to your call list. 6 Q. Did you do that? 7 A. Yes. 8 Q. Can you explain to me how you did that? 9 A. Well, some I felt -- you never picked a 10 doctor to call on who wouldn't see you. You would 11 sit down and analyze the data that you had and see 12 the doctor's history with either your product or the 13 competition and you decide, well, this is a good 14 target. 15 I sold antibiotics and I was calling on 16 ENT's, allergists, IM's, FP's. I said, you know, 17 there's an indication for the stroke for urologists, 18 let me pick ten urologists and start calling on them, 19 and I did, and that's how Tequin became a number one 20 product for me. I didn't decide that on my own. 21 Other reps were doing that too. 22 Q. But not all reps? 23 A. No. I wanted to earn more money. 24 Q. The time that you were in the field, was 25 it always eight to five?</p>	<p style="text-align: right;">169</p> <p>1 B. Amendola 2 A. I did my job. 3 Q. I guess my question to you is: If you 4 had a doctor call scheduled for four o'clock and that 5 call lasted five minutes, what happened next? 6 A. You can go to another doctor. You could 7 pick up printing paper from Office Depot if you were 8 in the field. 9 Q. Did you ever just go home? 10 A. No. 11 Q. Did you ever stop working at any time 12 before five p.m.? 13 A. I may have stopped working as far as 14 calling on doctors was concerned, but I was doing 15 something job related. 16 Q. What if you started your day at seven 17 a.m. with one of these teleconferences or web casts, 18 did you ever knock off earlier than five p.m.? 19 A. Not without a manager's permission, 20 never arbitrarily. 21 Q. You got written permission? 22 A. No. 23 Q. Verbal permission? 24 A. Yes. 25 Q. Who did you get that verbal permission</p>

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1	B. Amendola	1	B. Amendola
2	from?	2	A. Occasionally.
3	A. I don't know which manager I asked for	3	Q. What kind of shopping?
4	permission if I had something to do, but if I had	4	A. It varied. If I needed something I
5	something that had to be done between eight and five,	5	would get it. Sometimes a territory would close down
6	at the end of the day, and I couldn't stay in the	6	between twelve and two.
7	field, then I would let my manager know.	7	Q. What do you mean by that?
8	Q. Let me ask you this: For the last three	8	A. Certain doctor's offices would be closed
9	years that you were at Bristol-Myers Squibb, who was	9	between twelve and two for lunch. Others would be
10	your manager?	10	closed between one and two, or you would get to an
11	A. Nelson Almerico, and I think Henry Fonts	11	office and they would be closed for whatever reason.
12	prior to Nelson.	12	You just filled the time until you could get in to
13	Q. Did you ever call Henry or Nelson and	13	see them.
14	tell them that you were finished for the day and it	14	Q. I'm really just asking about, I guess,
15	was, I don't know, five to five and you were not	15	that fill-in time for now. I think you said
16	going to do anymore work?	16	occasionally you would go shopping.
17	A. Not at five to five.	17	Did you ever get a haircut during that
18	Q. At other times?	18	time?
19	A. Not that I remember.	19	A. No.
20	Q. During the day, during the period of	20	MR. MAAZEL: Are you talking about lunch
21	time I guess I'm referring to between eight and five,	21	time?
22	you ate lunch I assume?	22	MR. BROWN: No, I'm talking about the
23	A. Most of the time.	23	time that your client said that she was filling in
24	Q. Did you eat lunch in your car?	24	while doctor's offices were closed.
25	A. Yes.	25	A. No.
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1	B. Amendola	1	B. Amendola
2	Q. Did you eat lunch at a cafe?	2	Q. What about getting your nails done?
3	A. Sometimes.	3	A. Nope.
4	Q. Anywhere else?	4	Q. Ever have another doctor's visit during
5	A. At a doctor's office.	5	the day?
6	Q. Did you ever run any errands during the	6	A. No.
7	day? When I say "the day," I want to be clear,	7	Q. Dentist?
8	between eight and five.	8	A. Maybe towards the end of the day or at
9	A. Usually during lunch.	9	the beginning of the day.
10	Q. How long would you take for lunch	10	Q. When you say "day," you mean between
11	typically?	11	eight a.m. and five p.m.?
12	A. Typically an hour.	12	A. Right, I mean let's say eight and 8:30
13	Q. Ever run any errands outside that hour	13	and then 4:30 to five.
14	that you typically took for lunch?	14	Q. Did you go to the gym?
15	A. No.	15	A. No.
16	Q. During the working day between eight and	16	Q. Get a cup of coffee?
17	five, did you ever go clothes shopping?	17	A. Yes.
18	MR. MAAZEL: Form objection to the	18	Q. At like a Starbucks or something?
19	phrase "working day."	19	A. Yes.
20	MR. BROWN: Sure. Let me rephrase that.	20	Q. Read the newspaper?
21	MR. MAAZEL: You're referring to time in	21	A. No.
22	the field?	22	Q. Did you have a laptop?
23	Q. Between the hours of eight a.m. to five	23	A. I had a tablet.
24	p.m., Monday through Friday, did you ever go	24	Q. Does that have Internet capability?
25	shopping?	25	A. It didn't when I had it.

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<p>1 B. Amendola</p> <p>2 expectations of hours in the field?</p> <p>3 A. It is my understanding that all of the</p> <p>4 divisions had to be in the field between eight and</p> <p>5 five every day.</p> <p>6 Q. What is that understanding based on?</p> <p>7 A. It's based on talk between reps,</p> <p>8 experience that Bristol-Myers made company policy</p> <p>9 that in many cases was company policy across the</p> <p>10 board.</p> <p>11 Q. You said talk between reps. What reps</p> <p>12 are you referring to?</p> <p>13 A. Reps that we talked to at different</p> <p>14 sales meetings.</p> <p>15 Q. Reps who talked to?</p> <p>16 A. I talked to, reps who were talking to</p> <p>17 colleagues of mine that I came across their</p> <p>18 conversation and overheard what they were saying.</p> <p>19 Q. Do you recall who you were talking to?</p> <p>20 A. No.</p> <p>21 Q. Do you recall what meetings these were?</p> <p>22 A. No, they would be national meetings.</p> <p>23 Q. Do you recall when these meetings</p> <p>24 occurred?</p> <p>25 A. There was one national meeting I believe</p>	<p>1 B. Amendola</p> <p>2 A. They might have. I can't recall.</p> <p>3 Q. I guess I have the same question as to</p> <p>4 call plans. What is the basis for your understanding</p> <p>5 or do you have an understanding that reps,</p> <p>6 pharmaceutical reps, in divisions other than CV/Met</p> <p>7 had call plans?</p> <p>8 A. If reps in CV/Met had call plans because</p> <p>9 the powers that be felt that they knew what was best</p> <p>10 to move market share and gave us call plans, then I</p> <p>11 would say the other divisions got call plans as well.</p> <p>12 Q. Are you speculating?</p> <p>13 A. No, I'm making an educated guess.</p> <p>14 Q. But you don't know for certain?</p> <p>15 A. I know the neurology reps had call</p> <p>16 plans.</p> <p>17 Q. How do you know that?</p> <p>18 A. Because I know neurology reps.</p> <p>19 Q. Who?</p> <p>20 A. I know Jeannie -- I can't think of her</p> <p>21 last name.</p> <p>22 Q. What's her territory?</p> <p>23 A. Her territory I believe it's North</p> <p>24 Miami. No, it's Fort Lauderdale.</p> <p>25 Q. Anybody else that you know in neurology?</p>		
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<p>1 B. Amendola</p> <p>2 in December of 2005.</p> <p>3 Q. What divisions were at that national</p> <p>4 meeting?</p> <p>5 A. I don't know.</p> <p>6 Q. Was it limited to CV/Met?</p> <p>7 A. I don't know.</p> <p>8 Q. Any other meetings?</p> <p>9 A. We had a lot of meetings. Whenever</p> <p>10 there was a product launch, that could be sold across</p> <p>11 the board, so I don't know.</p> <p>12 Q. What could be sold across the board?</p> <p>13 A. An antibiotic could be marketed by</p> <p>14 hospital reps, it could be marketed by -- things just</p> <p>15 changed so much over the years.</p> <p>16 Q. Are you referring to reps within the</p> <p>17 CV/Met family, or are you referring to reps outside</p> <p>18 in other divisions?</p> <p>19 A. I'm referring to national meetings could</p> <p>20 very often have reps from other divisions, not only</p> <p>21 CV/Met.</p> <p>22 Q. I'm asking you other than the national</p> <p>23 meeting that you think took place in December of</p> <p>24 2005, do you recall any other meetings where reps</p> <p>25 outside of CV/Met attended?</p>	<p>1 B. Amendola</p> <p>2 A. Kevin Britt, Courtney McLaughlin.</p> <p>3 Q. Anybody else?</p> <p>4 A. I knew a hospital rep. He was a</p> <p>5 hospitalist but with CV/Met.</p> <p>6 Q. Let's limit -- I want to talk about</p> <p>7 neurology.</p> <p>8 A. All right, neurology, they have call</p> <p>9 plans.</p> <p>10 Q. How do you know that?</p> <p>11 A. I've heard them say it.</p> <p>12 Q. Who?</p> <p>13 A. I can't tell you which one, but I know</p> <p>14 that reps at Bristol-Myers Squibb have call plans.</p> <p>15 Nothing is left to chance.</p> <p>16 Q. But the basis for your knowledge is your</p> <p>17 experience in CV/Met and apparently things you</p> <p>18 overheard from these reps in neurology?</p> <p>19 A. And my experience at Bristol-Myers</p> <p>20 Squibb.</p> <p>21 Q. What do you mean by your experience at</p> <p>22 Bristol-Myers Squibb?</p> <p>23 A. At Bristol-Myers Squibb nothing was left</p> <p>24 to the discretion of the reps. Everything was</p> <p>25 organized by people who felt that they knew more than</p>		

1 B. Amendola 2 the reps. They were people trained in making sure 3 that, a, the reps used all the materials that were at 4 their disposal, b, how they would use the materials, 5 how many times they would call on a doctor, what 6 products they would detail to the doctor first. 7 Nothing was left to chance. Every 8 single rep that I knew and everything that I heard, 9 reps were programmed to act, market, and promote 10 exactly the BMS way and no other way. 11 Q. Do you know whether reps in virology had 12 call plans? 13 A. I never spoke to a virology rep and 14 asked the virology rep do you have a call plan. 15 Q. Do you know whether reps in immunology 16 had call plans? 17 A. I never spoke to an immunology rep and 18 asked do you have a call plan. 19 Q. I will take that as a no; is that fair? 20 If you don't know, you don't know. I'm not here to 21 ask you to speculate or guess. 22 A. I'm saying I never spoke to them so I 23 don't know what they had, but I will tell you, 24 nothing at BMS was left to the rep's discretion, and 25 if I had to have a call plan, I would venture a guess	1 B. Amendola 2 Q. Did you populate any of the data in the 3 call max system as it relates to who a doctor is, 4 what his family's name was, all of those data points? 5 A. Occasionally. 6 Q. You said that you would record a call in 7 the system, correct? 8 A. Yes. 9 Q. What do you mean by that? 10 A. Go into the doctor's office and if the 11 doctor wanted samples, if he wanted ten samples of 12 this and five of that, you would write it down and 13 then the doctor would sign for the samples. 14 You would also record the order of the 15 product detail because there was generally a section 16 for that. If the doctor got the samples, the doctor 17 would sign and then you would close out the entry. 18 Q. Did you record, I guess, the details of 19 the call, is that accurate, at the end of each day? 20 A. If you wanted to write something in 21 there, then you would do it at night. There was no 22 time to do it during the day. 23 Q. All I asked you was did you record the 24 call details at the end of the day? 25 A. And I answered you.
1 B. Amendola 2 that they did too. 3 Q. That's what it is, it's a guess? 4 A. No, that's what it was at BMS. 5 Q. But you don't know other than CV/Met, 6 right? 7 A. I know what I had and I know BMS's 8 policy. 9 Q. What was BMS's policy that applied 10 outside of CV/Met for call plans for other divisions? 11 A. I can't tell you that. I can't tell you 12 that. 13 Q. What is the call max system? 14 A. The call max system is a list of all the 15 doctors within your universe, meaning within your 16 territory, and it's all the data on the doctor, 17 whether it's their address, their phone number, in 18 some cases their dates of birth, their wives' names. 19 It's a list of every single doctor, the 20 specialty, and then there are sections of the call 21 max that you can go into to find out additional 22 information about the doctor, and it's also a place 23 where you record your call on the doctor, and if the 24 doctor received samples, the doctor signs for the 25 samples, and it also keeps track of your samples.	1 B. Amendola 2 Q. What's your answer? 3 A. I said I would do it at night. 4 Q. Did you ever do it during the day? 5 A. If it was just a check mark, I would do 6 it during the day. 7 Q. What you do you mean "just a check 8 mark"? 9 A. You know, first I had a Newton, then I 10 had a Fujitsu, that I had a laptop, then I had an HP, 11 so I'm not quite -- I don't quite remember what each 12 one had. 13 Q. When you said "check mark," what do you 14 mean by that? 15 A. Sometimes there was a choice, what did 16 you talk to the doctor about and there were a bunch 17 of choices. I think that's what we had on the HP. 18 If that was it, then I would check the most important 19 one for the doctor. 20 Q. Did you do that during the day? 21 A. If I had time I did. If I didn't have 22 time I did it in the evening. A call was not 23 complete unless you did every part of it in the 24 computer. You had to make sure all your calls were 25 complete so they were recorded properly and you would

1 B. Amendola 2 get credit for them. You also went back at the end 3 of the night to make sure that you put your details 4 in the proper order. 5 Q. What do you mean details? 6 A. Well, if you had a Plavix that was in 7 the first position and you inadvertently put Avapro 8 in the first position and Plavix in the second 9 position, then that was not counted as call 10 attainment and you could be penalized if you did too 11 many wrong like that. 12 Q. Were you ever penalized for doing 13 anything wrong with regard to call max? 14 A. No. 15 Q. In fact, you recorded your calls 16 diligently; did you not? 17 A. Yes, I did, but I also went back to make 18 sure that I did them properly because one call could 19 put you below 80 percent and you wouldn't get paid. 20 The only way I could concentrate was in the evening. 21 Q. You were never below 80 percent? 22 A. Never. 23 Q. Did you always meet 100 percent of your 24 call plan? 25 A. When it became a requirement for IC	1 B. Amendola 2 Squibb, did you receive any training? 3 A. Yes. 4 Q. Tell me what kind of training you 5 received. 6 A. I initially had home study and then from 7 home study -- and don't forget, this is over ten 8 years ago, so I'm not quite sure -- but after home 9 study I believe I spent a week in North Carolina or 10 South Carolina for training, and then from there I 11 did over three weeks, I believe, in Princeton. I'm 12 pretty sure it was over three weeks. It seemed like 13 it was over three weeks. 14 Q. What generally do you recall, what areas 15 were you trained on? 16 A. I was trained on everything. 17 Q. Tell me what you recall. 18 A. I was trained on the products. I was 19 trained on doing a call, opening, closing, 20 summarizing. I was trained on how to read a clinical 21 study. I was trained on the specific clinical 22 studies. I was trained on using a Newton. 23 Q. That's the computer? 24 A. That was the computer. I was trained on 25 how to hook the Newton up to the laptop and how to
1 B. Amendola 2 compensation I did. 3 Q. For what compensation? 4 A. For your incentive compensation then I 5 did. 6 Q. That was the last three years of your 7 employment? 8 A. Yes, I did. 9 Q. So just to be clear and, again, so the 10 record is clear, the last three years of your 11 employment as a pharmaceutical rep in CV/Met you 12 attained at a minimum 100 percent of your call plan? 13 A. Yes, I did. 14 Q. In order to receive incentive 15 compensation? I'm talking about you. 16 A. Okay. 17 Q. You didn't have to achieve 100 percent 18 of your call plan, correct? 19 A. Correct. 20 Q. If you didn't call on the number of 21 physicians on your call list or at least 100 percent 22 of them, you could still get some incentive comp, 23 right? 24 A. You had to achieve 80 percent. 25 Q. When you were hired by Bristol-Myers	1 B. Amendola 2 transmit, how to do voice mail. I was trained on 3 absolutely everything. I was admonished about 4 samples. I was trained on sample accountability. I 5 was told to count your samples before you leave in 6 the morning and count your samples again at night. 7 Q. Do you know why that was? 8 A. Because I was responsible for 9 pharmaceuticals, for controlled substances, whatever 10 It was called samples accountability. If something 11 went wrong I could lose my job. I was told don't 12 ever make homemade bread. These are the approved 13 materials. You must only use these materials. It 14 was drummed into my head over and over again. 15 Q. Is that because it's all FDA regulated? 16 A. Because everything has to be BMS, FDA 17 approved. There is the fear in the industry that 18 people will, a, lie on their own materials, color the 19 facts, omit the side effects, do any number of 20 things, so we were told use this or else. 21 Q. Who told you that? 22 A. The trainers, the managers, everyone. 23 Q. Let's talk about your home study. That 24 was in Florida you did your home study? 25 A. In my house.

1 B. Amendola 2 Q. Do you recall what areas you were 3 studying? 4 A. Well, the first drugs that I did were 5 Cefzil, so that was an antibiotic, and then Serzone, 6 which is an antidepressant, and Buspar, which was an 7 anxiolytic. 8 Q. The last few years you were at 9 Bristol-Myers, the last three years, you were selling 10 other pharmaceutical products which included -- what 11 did they include? 12 A. Plavix, Avapro, and Avalide. 13 Q. Did you ever receive any disease state 14 indication training on those three medications? 15 A. Sure, we did disease state on 16 everything, on everything. 17 Q. You, as part of your job, were to keep 18 yourself updated on the latest information on these 19 products? 20 A. As my job required that I keep updated 21 on the information that Bristol-Myers Squibb gave me 22 about the product. Anything else was work that I did 23 on my own. 24 Q. Did you do work on your own to learn 25 about disease state and indications and other things	1 B. Amendola 2 A. I know that all the CV/Met reps that I 3 knew were taking extra steps so that we could be the 4 best. 5 Q. Did you find that reading about disease 6 state and this extra reading made you the best? 7 A. I have no way of judging that. Maybe 8 the commercials that Bristol-Myers Squibb had on 9 television were making me the best. Maybe it wasn't 10 me. Maybe it was that. 11 Q. Did you feel that you had more knowledge 12 after doing this additional homework? 13 A. I'm a reader. I read anything. 14 Q. Is that a yes? 15 A. Of course it's a yes. 16 Q. You passed all of the training? 17 A. Yes. 18 Q. Were you a mentor to any reps while you 19 were employed at Bristol-Myers? 20 A. I was a mentor for Lali Bahlawan. 21 Q. What were your responsibilities as a 22 mentor to her? 23 A. She came to my territory. I had been in 24 the Hollywood territory for any number of years. I 25 introduced her to all the doctors. I also made sure
1 B. Amendola 2 about the products you were selling? 3 A. My computer was not wireless. When I 4 went to Barnes & Noble during the day I could 5 conceivably get a magazine article that I saw about a 6 drug. 7 Q. Did you do that? 8 A. If I was in Barnes & Noble I did. If I 9 found something online and printed it up for myself 10 because I could not use it in the field, I would 11 study it. 12 Q. Why did you do that? 13 A. I felt it was my responsibility. I also 14 wanted to read the package inserts of other drugs. 15 Bristol-Myers encouraged us to read the package 16 inserts. 17 Q. Why? 18 A. Because if there was a clinical reprint 19 that we were using that compared the drug that we 20 were using to another drug, very often the study that 21 showed the comparison was not only in our clinical 22 reprint, it came from the competitor's package 23 insert. 24 Q. Do you know whether all other reps in 25 CV/Met took those extra steps that you did?	1 B. Amendola 2 that she became not the newcomer, but an integral 3 part of the Hollywood pod because two's a company, 4 three's a crowd and now we had a third player in the 5 pod. Alfredo and I wanted Lali to be one-third of 6 the pod. 7 I tried to explain to her different 8 foibles of the different doctors, just tried to make 9 the transition for her easier so she could be up and 10 running. 11 Q. Did you do that? 12 A. Yes. 13 Q. Do you believe it was effective the way 14 that you mentored her? 15 A. I think it was very effective. She is 16 with Novartis now. 17 Q. Did she become an effective third of 18 your pod? 19 A. She did. 20 Q. The training that you received, your 21 home study and other training that you received, that 22 was for CV/Met products; is that accurate? 23 MR. MAAZEL: Form objection. 24 A. I got home study training for every 25 different product that I sold when I got it. I also